Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 009421 Effective October 1, 2001 CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) OTHER THAN (Column 2) TYPE ___ TOTAL CLAIMS SM&LL ENTITY OR RATE FEE RATE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 370.00 OR BASIS FEE TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= MULTIPLE DEPENDENT CLAIM PRESÈNT XB4= OR +140= * If the difference in column 1 is less than zero, enter "0" in column 2 +280= OR TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS

HIGHEST

NUMBER

PREVIOUSLY

PAID FOR

PRESENT

EXTRA

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(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER AMENDMENT PRESENT AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR Total Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

REMAINING

AFTER

AMENDMENT

	·	_		,
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	

ADDI-

TIONAL

FEE

RATE

X\$ 9=

X42=

+140=

ADDIT. FEE

TOTAL

FEE

740.00

ADDI-

TIONAL

FEE

RATE

X\$18=

X84=

+280=

OR ADDIT. FEE TOTAL

OR

OR

 		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
ğ	Total		Minus	**	
	Independent		Minus	***	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDENT CLAIM	

" If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

_			_	- 2	
<u>_</u> f	ATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
×	\$ 9=		OR	X\$18=	
×	42=		OR	X84=	
+1	40=		OR	+280=	
ADD	TOTAL T. FEE		OR	TOTAL ODIT. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/01)

Total

independent

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